Page 1 of 5 INCIDENT/OFFENSE REPORT Report Number MCSO-18-020037 IL0560000 MCHENRY COUNTY SHERIFF'S OFFICE **CAD Number** 2200 N SEMINARY AVE Time: 02:26 PM Occurred From Date 06/29/2018 WOODSTOCK IL 60098 Time: 02:26 PM Occurred To Date 06/29/2018 815-338-2144 3-070 070 Reported Date 06/29/2018 JUL 3 1 2018 Time: 02:26 PM Nature of Complaint CAD CODE Related Incidents School Incident THEFT ADMIN Location of Incident Offense Tract 3702 Northwest Hwy CRYSTAL LAKE IL 60014 AREA 2 Notification/Referrals: Miscetlaneous Room Photos: Victim ET INV YO sw UCR Code ILCS Description F/M Counts THEFT UNAUTHORIZED CONTROL PERSON = OR < \$500 0825 OFFENSI Point of Entry Forcible Method of Entry Offense Status Offense Location Structure Premise Type 05 02 Bias Motivation Charge Statute Weapon Used School Incident Firearms Situation 720-5.0/16-1-A-1 NONE NONE Victim of Horne Phone Cell Phone Victim Name ALGONQUIN TOWNSHIP Complainant Intimidation Email 3702 NORTHWEST HY CARY IL Eye Color Hair Color Hair Length Date Born To Age Height Weight Complexion DLN License DLN State Employer Employer Phone Ethnicity SSN VICTIM Additional SMT Nickname Relative Relative Phone Injury Code Nature of Injuries Used: Drug Victim Type Victim to Offender Victim Challenged / Act Victim Location Agg Assault Circum 1 Agg Assault Circum 2 Offense 9 LEO Vehicle Offense 1 Offense 2 Offense 3 Offense 4 Offense 5 Offense 6 Offense 7 Offense 8 Offense 10 LEO Activity 0825 Cell Phone Offender/Suspect Name UNKNOWN Address Work Phone Email Sex Race Date Born Age To Age Height Weight Eve Color Hair Color Hair Length Hair Style u SSN Occupation DLN State Employer Phone DLN Employer Facial Hair Hand Dominance Complexion Ethnicity General Appearance Glasses Type SUSPECT UNKNOWN Miscellaneous Speech Teeth Build Demeanor Nickname/Streetname Relative Phone Relative Relative Address tnjury Code Nature of Injuries Additional njured Suspect Forced Victim Suspect Solicited Victim Suspect Force Used SMTs Suspect Action Offense 1 Offense 2 Offense 3 Offense 4 Offense 5 Offense 6 Offense 7 Offense 8 Offense 9 Offense 10 Used: Drug Alcohol Computer 0825 VIN Related To Hull Number Type Owner Name Owner Address Make Model Color Year Style Status VEHICLE

License Plate

Date Recovered

Where Recovered

Vehicle Condition

Child / DV / School

Reporting Officer Name

HARPER THERESA

Reviewing Officer Name

Exceptional Clearance Code

Plate State

Contributing

Veh Recovered Initial Value

SO6260

Plate Year

Who Recovered

Vehicle Damage

Alcohol

Date

Date

Plate Expires

Crimes Against Children

6/29/2018 4:07:51 PM

Rec Value

Comments

Gang

nternal Clearance Code CASE CLOSED

Investigating Officer Name

Approving Officer Name

PATENAUDE DANIEL

Stored At

Towed By

Satanic

In sured By

09

SO6299

Domestic Violence

Date

Traffic

Hate

6/29/2018 2:26:00 PM

6/29/2018 7:40:28 PM

Drug

| | | | | | | | | | | | | | | | | | | | | | Pag | e 2 | | of | 5 | |
|---------|-------------------|--|------------|------|-----------|----------|---|------|---|---------------|----------|----------|-----------|---|----------|---------|------|----------|------|-----------------|-------|-------|----------|-------|-------------|----------|
| ORI | | | | MCH | HENRY | COUN | ITY SHI | ER | | OFFIC SUSP | | eT: | | | | | | | 1 | REPORTICSO-18-0 | | 37 | | | | |
| | | spect Name | og | | | | | | | ,001 | | | | | | | | Home Pl | 1_ | | | | hone | | | |
| | Address | | | | | | | | | | | | | | Work | Phone | : | I | | Email | | | | | | |
| | Sex U | Race . | Date Born | ľ | Age | To Age | He | ight | ľ | Weight | | Eye Co | olor | *************************************** | · Hair C | Color | | . H | lair | Length | | ì | lair Sty | le | | |
| | SSN | 1 | DLN | | | | DLN Sta | ate | Emplo | уег | | 1 | | | Emplo | yer Pl | nor | ie | | Occupation | | | | | | |
| ECT | Complexion | | Ethnicity | | | | Facial H | lair | J | | Gen | eral Apı | pearan | ce | <u> </u> | G | las | ses Type | | | Han | d Do | minan | ce . | | |
| SUSPECT | Miscellaneou | ıs | | | Speech | | 1 | | Teeth | | I | | Build | ı | | | | Demean | or | | | Nick | name/S | treet | Nam | 9 |
| SO. | Relative | | | , | | | | T | Relative | Address | S | | | | | | | | | | | Re | ative P | hone | | |
| | Additional | | | | | | *************************************** | Ī | njured | injury C | Code | | Nature | of Injur | ies | | | - | | | | | | | | |
| | Suspect For | ced Victim | Suspect Ac | tion | Sus | ect Soli | cited Victi | im | <u> </u> | Suspec | t For | ce Use | d | SMT | s | | | | | - | | | | | | |
| | Offense 1 0825 | Offense 2 | Offense | 3 | Offense 4 | C | Offense 5 | | Offen | se 6 | 01 | ffense 7 | | Offense | 8 | Offen | se | 9 0 | Offe | nse 10 | Jsed: | Dr | g Alco | hol | Com | outer |
| | Offender/Su | spect Name | | | | | | | <u>' </u> | ; | <u> </u> | | • | | | · | | Home PI | hon | ie . | - | Cell | Phone | | · | ÷ |
| | Address | | | | | | | | | | | | | | Work | Phone | | <u></u> | | Emall | 1 | | | | | |
| | Sex | Race | Date Born | 7 | Age | To Age | Hei | ight | ľ | Welght | | Eye Co | olor | | Hair C | Color | | Н | lair | Length | | ŀ | lair Sty | e | | |
| | SSN | | DLN | | | | DLN Sta | ate | Emplo | уег | | | | | Emplo | yer Pl | or | e | | Occupation | | | | | | |
| ECT | Complexion | | Ethnicity | | | | Facial H | lair | · | | Gen | eral App | pearan | ce | <u> </u> | G | ilas | ses Type | | | Han | d Do | minan | æ | | |
| SUSPECT | Miscellaneou | ıs | | | Speech | | | | Teeth | | ـــــــ | | Bullo | ı | | | | Demeand | οr | 1000 7 000000 | 1 | Nicki | ame/S | treet | Name | 9 |
| S) | Relative | | | | | | | T | Relative | Address | S | | - | _ | | | | | | | | Re | ative P | hone | | |
| | Additional | | | | | | | 1 | njured | Injury C | o de | | Nature | of Injur | ies . | | | | | | - | • | | | | |
| | Suspect For | ced Victim | Suspect Ac | llon | Sus | ect Soli | cited Victi | im | | Suspec | t For | ce Use | d | SMT | s | | | | | | | | | | | |
| | Offense 1 | Offense 2 | Offense | 3 | Offense 4 | C | Offense 5 | | Offen | se 6 | Of | fense 7 | | Offense | 8 | Offen | se | 9 0 | Offe | nse 10 | Jsed: | Dr | g Alco | hol | Comp | uter |
| | Offender/Su | spect Name | • | | <u>'</u> | | | | <u> </u> | | • | | | | | <u></u> | | Home Pl | hon | e | - | Cell | hone | · | • | <u> </u> |
| | Address | | | | | | | | | | | | | | Work | Phone | | | | Email | | | | | | |
| | Sex | Race | Date Bom | 1 | Age | To Age | Hei | ight | \ | Weight | | Eye Co | olor | | Hair C | Color | | Н | lair | Length | | ŀ | air Sty | e | | |
| | SSN | <u>. </u> | DLN | | | · | DLN Sta | ate | Emplo | yer | | L | | | Emplo | yer Pl | nor | e | | Occupation | | | | | | |
| ECT | Complexion | | Ethnicity | | | | Facial H | lair | | | Gen | eral App | pearan | ce | <u> </u> | G | ilas | ses Type | | L | Han | d Do | minan | æ | | |
| SUSPECT | Miscellaneou | IS | <u> </u> | | Speech | | | | Teeth | | | | Bullo | ı | | | | Demean | or | | | Nick | ame/S | treet | Nam | е , |
| S | Relative | | | | - | | ., | F | Relative | Address | 5 | | <u>-L</u> | | | | | | | | | Re | ative P | hone | | |
| | Additional | | | | | | | -1; | njured | iniury C | ode | - | Nature | of Injur | ies | | | | _ | | | - | | | | |

Suspect Force Used

Offense 7

SMTs

Offense 8

Approving Officer Name
PATENAUDE DANIEL

Offense 9

Offense 10

SO6299

Used: Drug Alcohol Computer

Date 6/29/2018 7:40:28 PM

Suspect Forced Victim

Reporting Officer Name HARPER THERESA

Offense 1

Offense 2

Suspect Action

Offense 3

Suspect Solicited Victim

Offense 5

Date 6/29/2018 4:07:51 PM

Offense 4

SO6260

| Page 3 | of | 5 |
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| ORI | | | | IMC | 1ENRY (| COUNTY | SHERIFF' | | | eori | e | | | REPORT # MCSO-18-02003 | 37 | | | |
| | Involvement | | | Name | VCIK KA | DENE | UI | HER | rcr | OUN | 3 | | Home | Phone | Cell Phone | | | |
| l | REPORTI | | | LUN | ASIK, KA | IVEN E | | | | | | | Emai | 1 | | | | |
| NS | | | | - т | | | Territoria. | harri | | Eye Cold | | lu : o : | <u> </u> | 1-2-1 | Toti- | | | |
| SSC | Sex Race Date Bom | | | | Age To Age I | | | Height Weight | | | or | Hair Color | Hair Length | | Complexion | | | |
| <u>a</u> | Ethnicity ISSN | | | DLN License | | | | | DLN S | State | Employer | | | | Employer Phone | | | |
| OTHER | Scars/Marks | /Tattoos | | Nickname A | | | | | | | | | | Additional | | | | |
| OT | Relative Address | | | | | | | | | | Relative Phone | | | | | | | |
| | Used: Injured? Injury Code Nature of Injuries | | | | | | | | | | | | | | | | | |
| | Involvement OTHER | Туре | | Name PRO | | IO, RYAN | | | | | | | Hom | e Phone | Cell Phone | | | |
| S | Address Email | | | | | | | | | | | | | | | | | |
| PERSONS | Sex M | Race U | Date Born | | Age | To Age | Height | Weight | ght Eye Co | | or | Hair Color | | Hair Length | Complexion | | | |
| PER | Ethnicity U | .l | SSN | I | DLN I | icense | | | DLN S | State | Employer | | | | Employer Phone | | | |
| OTHER | Scars/Marks | Scars/Marks/Tattoos Nickname | | | | | | | | | | | Additional | | | | | |
| 5 | Relative Relative Address Relative Phone | | | | | | | | | | | | | | | | | |
| Used: Injured? Injury Code Nature of Injuries Drug | | | | | | | | | | | | | | | | | | |
| | Involvement OTHER | Туре | | Name | ZO, CHU | CK | | | | | | | Hom | e Phone | Cell Phone | | | |
| | Address | | | | | | | | | | | | Email | | | | | |
| PERSONS | Sex M | Race U | Date Bom | | Age | To Age | Height | Weight | t | Eye Coi | or | Hair Color | • | Hair Length | Complexion | | | |
| PER | Elhnicity SSN DLN License | | | | | | | | DLN S | State | Employer ALGONO | HP S | UPERVISOR | Employer Phone | | | | |
| OTHER | Scars/Marks/Tattoos Nickname Additional | | | | | | | | Additional | | | | | | | | | |
| <u>E</u> | Relative | | | | | Relative | Address | | | | - | | | Relative Phone | | | | |
| | Used: | | icohol | Com | puter | Injure | ed? | njury Code | e | | Nature of In | ijunes | · · · · · | | | | | |
| | Involvement OTHER | Туре | · · · · · · · · · · · · · · · · · · · | Name | SER, AN | IDREW | | | | | | | Horr | ne Phone | Cell Phone | | | |
| 53 | Address 3702 NO | RTHWE | ST HWY CAR | Y IL | | | | | | | | | Ema | il | | | | |
| OTHER PERSON | Sex M | Race U | Date Bom | | Age | To Age | Height | Weigh | t | Eye Col | lor | Hair Color | | Hair Length | Complexion | | | |
| PEF | Ethnicity U | | SSN | | DLN I | License | | | DLN : | State | Employer ALGONO | QUIN TOWNSH | IIP F | | Employer Phone | | | |
| 一员 | Scars/Marks | s/Tattoos | | | | | | | Nick | name | | | | Additional | | | | |
| 5 | Relative | | | | | Relative | Address | | | | | | | Relative Phone | | | | |
| | Used: Drug | | alcohol | Com | puter | Injure | ed? | njury Code | e | | Nature of Ir | njuries | | | | | | |
| | Reporting C | | | SO6 | 260 | Date 6/29/20 | 18 4:07:51 | 1 PM | | | Officer Nam AUDE DA | | SO | Date 6/29/2 | 018 7:40:28 PM | | | |
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| _ | Related To VICTIM, ALGONQUIN TOWN | ISHIP | | | | LEADS Numbe | r | | | | | | Date Ente | ered | | |
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| | Related To | | | | | LEADS Numbe | r | | | | | | Date Ente | ered | | |
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| ROP | Maķe | Model | • | | Color | | | | Seria | i Number | | | | | | - |
| ā | Class | | | Туре | | | | | Status | | | | UCR Cod | е | | |
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| | Owner Name | | | Owner | Address | | | | | | | Owner | r Phone | | | |
| ш | Make | Mode | 1 | | Color | | Year | Sty | le | | | | Status | | | |
| VEHICLE | License Plate | Plate State | Plate Year | Plate | Expires | Comments | | | | | | | | | | |
| M | Date Recovered Veh F | Recovered | Initial Value | | Rec Value | | St | ored At | | | | | | | | |
| | Where Recovered | | Who Recovered | | | | To | owed By | | | | | | | | |
| | Vehicle Condition | | Vehicle Damage | | | | | | | Insured B | у | | | | | |
| | Related To | | | Type | | VIN | | | | | | | umber | | | |
| | Owner Name | | | Owner | Address | | | | | | | | r Phone | | | |
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| VEHICL | | Plate State | Plate Year | Plate | Expires | Comments | | | | | | | | | | |
| VE | Date Recovered Veh F | Recovered | Initial Value | | Rec Value | | St | ored At | | | | | | | | |
| | Where Recovered | · | Who Recovered | | | | To | owed By | | | | | | | | |
| | Vehicle Condition | | Vehicle Damage | | | | | | | Insured B | у | | | | | |
| าด | Code | | Description | | QTY | | Meas | sure | | Est \ | /alue | | | Status | | |
| DRUG | Activity Buying Cul | Itivating | Distributing | Exploitin | g Children | Open | ating | ПР | ossessing | , Пт | ranspor | ting | Usin | g | | |
| 5 | Code | | Description | | QTY | | Mea | | • | Est | | | | Status | | |
| DRUG | Activity Buying Cu | Itivating | Distributing | Exploitin | g Children | Open | ating | ПР | ossessing | , []т | ranspor | ting | Usin | g | | |

Measure

QTY

Date 6/29/2018 4:07:51 PM

Buying Cultivating Distributing Exploiting Children

SO6260

Code

Reporting Officer Name HARPER THERESA

DRUG Activity Status

Date 6/29/2018 7:40:28 PM

Est Value

Operating Possessing Transporting Using

Approving Officer Name Date

PATENAUDE DANIEL SO6299 6/29/20

Page 5 of 5

| RI # | MCHENRY COUNTY | | REPORT # MCSO-18-020037 |
|---------------------------------------|--------------------------|--|--|
| RIGINAL | | NARRATIVE | [|
| n Friday, June 29th tolen records. | at 1426 hours, I (Dep.Ha | arper) was dispatched to 3702 | Northwest Hwy., Algonquin Township for |
| otained records from | m the Algonquin Townsh | | now Edgar County Watch Blog has and posting the records on their blog site |
| he records missing | are | | video's. |
| | | | |
| | | unty Watch Blog have obtaine en me a copy of emails excha | d the files. Lukasik requested a report to inged over missing records. |
| | | | ates Attorney's Office. This incident is not States Attorney's Office. I cleared. |
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| Exceptional Clearance Code | Date | Internal Clearance Cod CASE CLOSED | Date 09 6/29/2018 2;26;00 PM |

Approving Officer Name PATENAUDE DANIEL

Date

6/29/2018 7:40:28 PM

SO6299

Date

Reviewing Officer Name